SAMPLE PROGRAM BUDGET

View at 100% or Larger Use WHOLE DOLLARS Only

PROGRAM GRANTEE NAME MAILING ADDRESS (Number and Street)			DATE PREPARED		Page 1	Of 1
			BUDGET PERIOD From: To:			
			BUDGET AGREEMENT ☑ ORIGINAL □			
CITY	STATE	ZIP CODE	FEDERAL ID NUMBE	ER		
EXPENDITURE CATEGORY					TOTAL	BUDGET
1. SALARIES & WAGES						
2. FRINGE BENEFITS						
3. TRAVEL						
4. SUPPLIES & MATERIALS						
5. CONTRACTUAL (Subcontracts/Subre	cipients)					
6. EQUIPMENT						
7. OTHER EXPENSES						
8. TOTAL DIRECT EXPEND (Sum of Lines 1-7)	ITURES		\$0	\$0		\$0
9. INDIRECT COSTS: Rate #1	%					
INDIRECT COSTS: Rate #2	%					
10. TOTAL EXPENDITURES			\$0	\$0		\$0
SOURCE OF FUNDS			_			
				·		
16. TOTAL FUNDING		\$0	\$0	\$0		\$0